## Exhibit B

	il Facility	
Prisoner Grievance	Form	7/25/14
Type of Grievance (Place an X in the corresponding category)	Date / Time: Facility:	1300 AM 1155
Classification Psych Services Telephone  Jali Medical Services Food Services Other	Deputy / Star# Code Log Rumber	1300AM
Prisoner's Names SCANVINSKI HUMES Jail #	I-04.	14-00Z
Grievance (Please be specific time, detay etc.)	Col	
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Prisoner's Signature Acquise 13/		अस्तीनहरू सारकरार्
Must be signed for all Medical / Psychiatric Grievancusi, I hereby authori Information contained in my records which pertain to the above complete Prisoner's Signature	se Jail Health Services	o disclose
Prisoner's Signature	at to the Sheriff's Depa	tment.
Note: After you have finished and signed this form, take your PIHK copy	for your records	
Staff member's response:		
Clamatana		
Signature: Date:		
Prisoner's Signature: DSatisfied With	Response Di	risoner Appeal
Supervisor's response:		TECHNI ADDRES
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